

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

		ection of each violati	on is specifie	ed in the narrat	ive portion of th	is report.				
Establishment Name Circle K * 2228						Telephone Nu		Date of Insp (mm/dd/yr)	ection	PERMIT #
Establishment Address (number and street, city, state, zip code)						"" '''	1 1	3/3/	20	19-59
3706	Charle	shu Rd	Alban, In	47150	812 579	9227	17/7		''	
Owner		777.00	1100	Purpose:	<u> </u>	Follow-up	Releas	se Date		
3706 Charliston Rd New Albay, IN 47150 Owner Mac's Conveying Stars, 14						. Routine)	NO 10 days		
Owner's A	ddress	Columbus, 1			2. Follow-up	Summary of Violations;				
10 Be	X 347	Columbus, 1	-0Z		3. Complaint					
Person in Charge Kara Retter						4. Pre-Operat	$C \times NC \times R$			
Responsible Person's E-mail						5. Temporary	•	Menu Type	(See back	of page)
						6. НАССР				
Certified Food Manager						7. Other (list)	1 <u>X</u> 2_	1 2 3 4 5		
• CRITICA	L ITEMS ARI	IDENTIFIED IN TH	E CHECKLIS	T AND NARRAT	TVE COLUMNS	MARKED "C"				
		TED FROM PREVIO	US INSPECTI ————	ONS ARE DENC		UMMARY OF VIO	LATIONS" A			
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